



KEWEENAW BAY INDIAN COMMUNITY

COMMUNITY ASSISTANCE PROGRAMS (C.A.P.)

Janice M. Halverson, *CAP Administrator*

16429 Beartown Road, Baraga, MI 49908

Telephone: (906) 353-8137 or (906) 353-6623 x4162

Fax: (906) 353-4141

GUIDELINES

PURPOSE

The purpose of this policy is to govern the funding assistance associated with supporting the essential needs of KBIC members in order to promote self-sufficiency by ensuring the quality of life, general health, and welfare of each one.

NOTE: *Tribal funds are payor of last resort and intended to assist only not to cover full payment(s).*

This program **DOES NOT** assist with; legal fees; any taxes (personal, business or real estate); vehicle purchases/monthly payments; any type of insurance payments; any licenses or reinstatement fees, fines, restitution, or court costs; television cable, dish, or satellite expenses/bills, telephone or cell/track phone bills, credit card or internet/computer bills or any other luxury or non-emergency items. **Braces and relocation requests are no longer funded.**

IMMEDIATE FAMILY MEMBERS

For the purpose of *Sections 1-3* of these guidelines, immediate family members are defined as follows:

SPOUSE

GRANDPARENTS:

Grandmother/Grandfather
including Greats

PARENTS:

Mother/Father
Mother/Father-In-Law
Stepmother/Stepfather
Foster Parent

CHILDREN:

Son/Daughter
Son/Daughter-In-Law
Stepson/Stepdaughter
Foster Son/Daughter

GRANDCHILDREN:

Grandchildren including Greats

SIBLINGS:

Brother/Sister
Brother/Sister-In-Law
Stepbrother/Stepsister

NIECES &

NEPHEWS:

Nieces/Nephews

AUNTS &

UNCLES:

Aunt/Uncle

COUSINS:

First Cousins

SERVICE AREA

Eligible applicants must reside in Baraga County and Marquette Trust Lands of the Community.

ELIGIBLE APPLICANTS

Enrolled KBIC members who are 18 years of age or older.

EXCEPTIONS: Medical and funeral funds only.

Non-Enrolled Parent/Custodian

The non-enrolled parent/custodian may apply on behalf of an enrolled KBIC member under the age of 18 residing or being cared for in their household. (Funding will be in the name of the tribal member child for filing purposes, checks will be in the name of the parent/custodian).

Non-Enrolled Minor Children (Under the Age of 18)

In Section 2 of these guidelines only, a KBIC member may use any portion of their \$600 medical travel funds toward their minor non-enrolled child(ren) living in their home.

APPLICATIONS

All completed *CAP HOUSEHOLD APPLICATIONS* must be submitted along with the following:

- A request form for the service they are applying for.
- All tribal IDs for all household members must match the address of the applicant.

Procedure

- Submit a completed CAP HOUSEHOLD APPLICATION and related request form(s) (available in the CAP office or at www.ojibwa.com) and supporting documentation as defined in the guidelines to the CAP Administrator for determination.
- The program administrator will make determinations on urgent requests within 24 hours, according to eligibility and documentation submitted.
- Approved applications will result in a Purchase Request for allowable payment to the vendor or reimbursement to the applicant.
- An immediate family member cannot approve requests.
- Applications and request forms that are incomplete or have missing supporting documents will be considered incomplete and will be returned to the applicant for completion.

PROGRAM DURATION

Applicants are eligible each fiscal year (October 1 thru September 30).

FRAUD

Instances of funding obtained through false information will be turned over to the Prosecutor.

SECTION 1: NON-MEDICAL ASSISTANCE

The funding in this section is to provide assistance to tribal member households.

Maximum funds of **\$300** are allowed per household within a fiscal year, effective, October 1, 2013.

The Homeowner or Lessee listed on the CAP Application **MUST** authorize funding requests made by eligible individuals residing within their household related to Section 1, prior to processing.

Home Repairs/Replacement of Appliances-Equipment

Assistance to repair or replace necessary appliance/equipment - stove, furnace, refrigerator, water heater, washer, dryer, repair or replacement assistance for plumbing, well, septic, including cleaning, electrical problems, or weatherization improvements. An estimate or bill must be submitted with completed application.

Utility/Heating Disconnection Assistance

Assistance is available for water/utility/heating disconnections/shut-offs

Payment(s) will be sent directly to the vendor.

Utility shut-off notices/bills must be submitted with each request.

Vehicle Repair or Tire Replacement

Reimbursements will be made directly to the requestor or payment directly to the vendor.

The vehicle is registered in the requestor's name along with valid insurance.

An estimate or bill must be submitted with each request.

Proof of payment(s) must be submitted for reimbursement requests.

Out-of-Area Funeral Allowance

Assistance is available for eligible applicants to travel out-of-area to an immediate family member's funeral.

Obituary of family member's death and/or funeral arrangements must be submitted with request.

RECEIPTS: Please see *REQUIRED RECEIPTS* notice in *SECTION 2*.

SECTION 2: MEDICAL TRAVEL/SERVICE ASSISTANCE

It is provided for necessary medical specialist appointments for each eligible applicant and for out-of-area travel for immediate family members to visit a family member being hospitalized overnight or having to undergo (a) medical/surgical procedure(s) that could possibly result in an overnight stay.

Required Documentation

It is the applicant's responsibility to obtain the following documentation:

LIFELINE SERVICES

- Must have a physician's recommendation in writing, substantiating the need for the service.

MEDICAL SPECIALIST APPOINTMENTS

- Verification of Appointment to be treated by a particular medical specialist must be obtained. It will be the applicant's responsibility to obtain these documents.

IMMEDIATE FAMILY MEMBER'S OVERNIGHT HOSPITALIZATION and MEDICAL/SURGICAL PROCEDURES

- Verification of hospitalization/surgical procedure including the admittance date and expected duration of stay.

Groups/Agencies for Optional Medical Travel Funding Assistance

NOTE: You CANNOT apply for services from two funding sources.

In some cases, Medicare and Medicaid recipients are eligible for advances and/or reimbursements through the State of Michigan DHS (Department of Human Services) office. If you are one of the previous recipients, you **MUST** provide a denial along with your request that you are not eligible for an advance or a reimbursement. A denial **MUST** be submitted with each individual request.

In cases where you have other insurance coverage as a result of an accident, etc., you **MUST** provide a denial along with your request that you are not eligible for an advance or a reimbursement. A denial **MUST** be submitted with each individual request.

Approved Medical Travel Allowances

Medical travel amounts are based on location of the medical appointment(s) according to the "Fuel Allowance" "Meal Allowance" and "Lodging Allowance."

Basic:

Travel assistance of up to **\$600** is authorized for each eligible applicant.

NOTE: An eligible applicant (parent only) may use some or all of this portion of their own medical funding for their non-enrolled minor child(ren) (under the age of 18), residing in their household. (Applies to this section only).

Additional:

Travel assistance of up to **\$1,800** (this includes the previous \$600) is authorized for each eligible applicant who has an ongoing chronic illness/condition requiring continued medical care (e.g. appointments, regular treatments, procedures, etc.).

Travel assistance of up to **\$10,000** (this amount includes the previous \$1,800) is authorized for each eligible applicant who has a terminal or potential terminal *[without treatment(s)/procedure(s)]* illness/condition requiring ongoing or indefinite care (e.g. appointments, regular treatments, procedures, clinical trials, etc.).

NOTE: All applicant's requesting the \$1,800 or \$10,000 funding will require the approval of both the CAP Administrator/Acting CAP Administrator and the Health Administrator/Acting Health Administrator.

To justify the appropriation of this amount, documentation of proof from a medical specialist must be provided, stating the following.

- **Diagnosis:** The determination of the **Nature** of a **Disease** or condition, or the distinguishing of one **Disease** or condition from another. Assessment may be made through **Physical Examination, Laboratory** tests, or the likes. Computerized **Programs** may be used to enhance the decision-making process.
- **Prognosis:** A prediction of the probable outcome of a **Disease** based on a individual's condition and the usual course of the **Disease** as seen in similar situations.
- **Treatment Plan**
- **Estimated length of Treatment**

Fuel Allowance - Coordination with the Healthy Start Coordinator for those enrolled in special programs at the Health Department, is required prior to providing funding. Funds will be provided for fuel, based on the roundtrip miles from Baraga, Michigan to the medical facility's location (city/state). Roundtrip mileage will be calculated using MapQuest or other similar mileage calculation websites for roundtrip distances of at least 52 miles and up to 200 miles and eligible applicant will receive a Pines "Fuel Only" gift card as follows: (52-80=\$15); (81-110=\$20); (111-140=\$25); (141-170=\$30); and (171-200=\$35).

Roundtrip distances over 200 miles will be paid by check at the **current** "GSA" "Privately Owned Vehicle (POV) Mileage Reimbursement Rates" "***If Government-owned automobile is available***" section.

Meal Allowance

Funds for meals will be provided if requested by the applicant and the estimated time necessary to complete the appointment combined with travel exceeds 6 hours. Travel time will be determined based on the roundtrip miles of the appointment (1 hour of travel time will be allowed for each 50 miles) plus the time needed at the medical facility for the appointment (a minimum of one hour will be allowed to complete an appointment up to a time allowance determined by the CAP Administrator based on the information provided about the appointment). Funding will be provided as follows: (6 a.m. – 12 noon = \$6) (12 noon – 6 p.m. = \$8) (6 p.m. – 6 a.m. = \$10)

Lodging Allowance

Funding for lodging will be provided if requested by the applicant and the combined travel time and scheduled appointment is expected to last for more than 12 hours **or** the scheduled appointment would require the patient to leave home prior to 6 a.m. and or arrive home after midnight **or** forecasted weather conditions require leaving home prior to 6 a.m. or arriving home after midnight. ***Funding will be allocated at 75% of the Federal GSA maximum lodging rate for the area where the appointment is scheduled.***

NOTE: Case by case determination of benefits for additional food and lodging will be considered and appropriated for those eligible applicants who require a driver and may or may not be an eligible applicant themselves.

Travel Allowance for Members in the Military or Attending College Full-Time

Travel assistance funding will be provided, up to \$600, for eligible applicants who are out of the area due to active military duty or attending college full-time and maintaining a residence in an eligible service area. Travel assistance may include the purchase of air fare if appropriate. Verification such as an Active Duty Military ID or copy of their current Military Orders may be required-the Enrollment Office will verify residency. Students must provide a course schedule or certification from their college or university proving they are maintaining a full-time course load. The address, in which the student uses to apply for Federal Financial Aide, will be used as the address of residence. The Education Office will verify full-time course load.

REQUIRED RECEIPTS

Hotel and meal receipts along with a proof of attendance form, signed by a hospital representative for Medical travel advances, must be submitted to the CAP Office within 5 business days. For "Fuel Only" funding, the recipient must provide proof that they attended the appointment prior to receiving any future funding through this program. If receipt totals for Medical travel advances are less than the funds provided, the balance must be returned within 5 business days. If the funds are not returned, the total owed will be deducted from their KBIC wages and or Sovereignty Check, and the individual will not be eligible for any funds through this program until the total amount owed is paid in full.

SECTION 3: ADDITIONAL ASSISTANCE

FIRE ASSISTANCE

'Fire Assistance' up to the amount of \$ 1,000.00 for tribal members experiencing fire damage involving their primary residence that exceeds a minimum \$1,000.00 worth of damage at the discretion of the Tribal Chairman.

LOCAL FUNERAL ALLOWANCE

A designated family member may request up to three hotel rooms for up to three days for out of the area immediate family members traveling here to attend a local funeral. The Tribal President may expend up to an additional \$1,000 for additional rooms and or funeral travel expenses at his discretion. Applicants must submit verification of funeral with completed application.



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APPEAL PROCESS FOR ADVERSE DETERMINATIONS

*In the event that a request is denied by the CAP Administrator or acting official, **the applicant has the right to file an appeal.***

1. The applicant must file a written appeal (form attached) to the Chief Executive Officer (CEO) within five (5) days from the date of denial or upon return from medical travel. The applicant must clearly state their grounds for appeal.
2. The CEO shall file the original appeal and forward a copy to each of the following: the CAP Administrator, the Assistant CEO, and the President.
3. An appeal panel consisting of two (2) program administrators shall review the appeal.
4. The appeal request must include any new evidence or information that was not submitted at the time of application (which means the applicant may submit an appointment card if it wasn't submitted at the time of application or any relevant new information).
5. A decision on the applicant's appeal will be rendered within **five (5) working days** from the date of written appeal.
6. If an applicant remains unsatisfied with the administrators' determination to their appeal, the applicant may file a final appeal with the Tribal Council Secretary within five (5) working days after receipt of the program administrators' determination of appeal. The request for appeal must include all information submitted to the program administrators. The Tribal Council Secretary will provide Tribal Council with copies for their consideration and decision.
7. The decision of the Tribal Council is **final**.



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APPEAL FORM

I, _____ am appealing a denial decision made on _____.
Applicant's Name (Date)

I feel that my original request for assistance should have been approved and was consistent with the Community Assistance Programs Guidelines for the following reason(s):

I am submitting the following information/documentation, not previously included with my application/request sheet.

- | | |
|--|---|
| <input type="checkbox"/> Verification of Residence | <input type="checkbox"/> Verification of Medical Appointment/Procedure/Etc. |
| <input type="checkbox"/> Medical Referral/Proof Referral is not Required | <input type="checkbox"/> Vehicle Registration |
| <input type="checkbox"/> Proof of Vehicle Insurance | <input type="checkbox"/> Disconnection/Shut-Off Notice |
| <input type="checkbox"/> Bill/Estimate | <input type="checkbox"/> OTHER: _____ |

Applicant/Spouse's Signature

Date